

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES  
PUBLIC HEALTH MEDICAL OFFICER SERIES  
EXAMINATION APPLICATION PACKAGE**

**PUBLIC HEALTH MEDICAL OFFICER II  
PUBLIC HEALTH MEDICAL OFFICER III  
PUBLIC HEALTH MEDICAL OFFICER III (EPIDEMIOLOGY)**

Thank you for your interest in California State civil service employment. The Public Health Medical Officer II, Public Health Medical Officer III, and Public Health Medical Officer III (Epidemiology) examinations consist of an evaluation of training and experience.

The Training and Experience Questionnaire (TEQ) is designed to elicit specific information regarding each candidate's education and experience relative to the testing classification. Responses to the questionnaire will be assessed based on a pre-determined rating criteria developed in relation to the elements of the job and linked to the knowledge, skill, and ability required on the job. In appraising the relative qualifications of candidates, consideration will be given to the extent and type of pertinent experience and education over and above what is minimally required.

**INSTRUCTIONS**

Candidates must print and complete hard copies. If you experience difficulty navigating through this site or printing the documents, please contact the Exam Coordinator at (916) 552-9900. Questions regarding the testing process can also be directed to this number.

Read the examination announcement(s) carefully before completing the Application Package to ensure you submit all necessary information. All applicants must submit a complete examination application package. Missing information will delay the processing of your examination.

The following documents comprise a complete examination application package for the Public Health Medical Officer series.

- Completed State Application Form STD 678
- Resume and/or Curriculum Vitae are optional but encouraged. Special care should be taken to submitting a complete description of your education relevant to the typical tasks, scope, and minimum qualifications stated on the bulletin.
- Medical License Verification with required attachments (page 1)
- Conditions of Employment indicating areas of interest (page 2)
- Affirmation Statement (page 3)
- Training and Experience Questionnaire (page 4 –5)

Applicants applying for:

Public Health Medical Officer II and III --- Complete pages 1-4

Public Health Medical Officer III (Epidemiology) --- Complete pages 1-5

**RETURN COMPLETED EXAMINATION APPLICATION PACKAGE FOR PROCESSING TO:**

PHMO Exam Coordinator

(916) 552-9900

California Department of Health Services

Chronic Disease Control Branch

MS 7209

P.O. Box 994713

Sacramento, CA 95899-7413

You are advised to keep a photocopy of your examination application package for your records. In the event that you are called for a hiring interview, you may be requested to provide copies of this information. Facsimiles (FAX) or electronic transmissions will **NOT** be accepted under any circumstances.

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**MEDICAL LICENSE VERIFICATION**

NAME: \_\_\_\_\_

The following information will be used to verify the license and/or certificate required for admittance into the examination.

**MEDICAL LICENSE REQUIREMENT**

1. Please identify the states where you are currently licensed to practice medicine:

State	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Do you possess the legal requirements for the practice of medicine in California as determined by the Medical Board of California or the California Board of Osteopathic Examiners?
- Yes                      No
- ☐                      ☐

If you marked "yes", attach a copy of your medical license to the back of this examination package.

3. If you do not now have a California license, have you applied for one?
- Yes                      No
- ☐                      ☐

Are you in the process of securing approval of your qualifications by the Medical Board of California or the Board of Osteopathic Examiners?

Yes                      No

☐                      ☐

If you marked "yes", please provide proof in securing approval of your qualifications, and attach a copy to the back of this examination package.

NOTE: Applicants who are in the process of securing approval of their qualifications by the Medical Board will be admitted to the examination but the Board to which application is made must determine that all legal requirements have been met before candidates will be eligible for appointment.

**SPECIALTY BOARD QUALIFICATIONS**

Name of Specialty Board for which qualified \_\_\_\_\_

Date certified \_\_\_\_\_ or established eligibility \_\_\_\_\_

And date(s) taken for certification examination \_\_\_\_\_

**CURRENT MEMBERSHIP IN PROFESSIONAL ASSOCIATIONS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONDITIONS OF EMPLOYMENT

Check the examination title(s) you are applying for:

- 2

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**AFFIRMATION STATEMENT**

**PUBLIC HEALTH MEDICAL OFFICER II  
PUBLIC HEALTH MEDICAL OFFICER III  
PUBLIC HEALTH MEDICAL OFFICER III (EPIDEMIOLOGY)**

**THIS AFFIRMATION MUST BE PRINTED, SIGNED, AND SUBMITTED WITH THE EXAMINATION PACKAGE:**

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I understand this information will be verified and may be discussed in a hiring interview. I also understand that if it is discovered that I have made any false representations I will be removed from the exam process, removed from the list resulting from the examination, and/or may be dismissed from civil service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Printed)

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**TRAINING and EXPERIENCE QUESTIONNAIRE (TEQ)**

**INSTRUCTIONS: ALL CANDIDATES MUST COMPLETE THIS PAGE.**

**KNOWLEDGE AND EXPERIENCE**

Rate your knowledge and experience in the following:

**NOTE:** In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis, all part-time and/or intermittent experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, one-half time employment for six months is equivalent to three months full-time.

	Extensive experience (three or more years)				Moderate experience (one to three years)				Some experience (less than one year)				No experience			
	Extensive knowledge				Some knowledge				No knowledge							
1. Biostatistics (e.g., rates, distributions, mean/median).....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
2. Conducting health surveys, studies, or epidemiologic investigations.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
3. Assessing public health problems.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
4. Planning and implementing public health programs to address identified problems.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
5. Evaluating health programs.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
6. Directing, managing, or supervising health professionals.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
7. Organization and operation of current public health programs.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
8. Developing public health policy.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
9. Working as part of a multidisciplinary team.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
10. Community-based health promotion.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
11. Media experience (e.g., responding to reporters, television, or radio interviews).....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

	Ten or more				Five to nine				One to four				None			
12. Have you made presentations (oral or poster) at scientific meetings?.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
13. How many published peer-reviewed articles have you authored or co-authored?.....	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3

**STOP HERE**

*For Public Health Medical Officer III (Epidemiology) candidates only, **CONTINUE** on to next page.*

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**TRAINING and EXPERIENCE QUESTIONNAIRE (TEQ)**

**KNOWLEDGE AND EXPERIENCE** - Public Health Medical Officer III (Epidemiology)

Rate your knowledge and experience in the following:

**NOTE:** In evaluating the amount of experience (paid or voluntary) you have in a particular subject area, unless it was performed on a full-time basis, all part-time and/or intermittent experience must be computed and converted to full-time equivalency and reflected as such in your response. For example, one-half time employment for six months is equivalent to three months full-time.

	Experience				Knowledge			
	Extensive experience (three or more years) Moderate experience (one to three years) Some experience (less than one year) No experience				Extensive knowledge Some knowledge No knowledge			
14. Organizing and operating epidemiology research programs.....	0	1	2	3	0	1	2	3
15. Managing and analyzing large data sets.....	0	1	2	3	0	1	2	3
16. Planning, organizing, and directing epidemiologic studies.....	0	1	2	3	0	1	2	3
17. Developing public health policies based on epidemiologic findings.....	0	1	2	3	0	1	2	3

	Publications			
	Ten or more Five to nine One to four None			
18. Have you made presentations on epidemiologic research (oral or poster) at professional meetings?...	0	1	2	3
19. How many published peer-reviewed articles have you authored or co-authored?.....	0	1	2	3